

ROOF INFORMATION WORKSHEET      SHINGLE ROOFING

**BUILDING NAME AND ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**ROOF LOCATION (s)** \_\_\_\_\_  
 (Example: Main Roof; Penthouse Roof; Main North Roof; etc.)

**ROOF AREA** \_\_\_\_\_ **Sq. Ft.**                      **U-FACTOR** \_\_\_\_\_

**ACTIVITY BELOW ROOF:** \_\_\_\_\_  
 (Example: Offices, Warehouse, Classroom, Computer Room; etc.)

**INTERNAL SENSITIVITY TO LEAKS:**      LOW \_\_\_\_\_      NORMAL \_\_\_\_\_      HIGH \_\_\_\_\_

<u>Type of Shingle</u>	<u>Description (Class/Style, Size/Exposure &amp; Warranty Information)</u>
<input type="checkbox"/> Asphalt	_____
<input type="checkbox"/> Clay Tile	_____
<input type="checkbox"/> Metal	_____
<input type="checkbox"/> Slate	_____
<input type="checkbox"/> Wood	_____
<input type="checkbox"/> Other _____	_____

<u>Type of Deck</u>	<u>Thickness</u>
<input type="checkbox"/> Wood Plank	_____
<input type="checkbox"/> Wood Plank T&K	_____
<input type="checkbox"/> Sheathing Boards	_____
<input type="checkbox"/> Plywood	_____
<input type="checkbox"/> OSB (Oriented Strand Board)	_____
<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Drainage Slope	_____ inches/ft

In the case of reroofing was the new roofing placed over the original roofing system?  
 Yes \_\_\_\_\_ No \_\_\_\_\_. If yes describe the original roofing system below:

\_\_\_\_\_

<u>Type of Insulation</u>	<u>Thickness</u>	<u>Location of Insulation</u>
<input type="checkbox"/> Fiberboard	_____	_____
<input type="checkbox"/> Fiberglass	_____	_____
<input type="checkbox"/> Glass Fiber	_____	_____
<input type="checkbox"/> Perlite	_____	_____
<input type="checkbox"/> Polyisocyanurate	_____	_____
<input type="checkbox"/> Polystyrene (expanded)	_____	_____
<input type="checkbox"/> Polystyrene (extruded)	_____	_____
<input type="checkbox"/> Composite _____	_____	_____
<input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> None	_____	_____

## SHINGLE ROOFING

### Description

- ☐ Concrete (substructure) \_\_\_\_\_
- ☐ Metal \_\_\_\_\_
- ☐ Wood \_\_\_\_\_
- ☐ Other \_\_\_\_\_

<input type="checkbox"/> Roof Drains (Internal)	Material	_____	Number of Drains	_____
<input type="checkbox"/> Gutters/Downspouts	Material	_____	Length of Gutters	_____
<input type="checkbox"/> Scuppers/Headers/Leaders	Material	_____	Number of Scuppers	_____
<input type="checkbox"/> Other				

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.